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# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number	09/473953
Filing Date	12/29/1999
First Named Inventor	Thomas S Afferton
Group Art Unit	2739
Examiner Name	
Total Number of Pages in this Submission	9
Attorney Docket Number	113523



## Enclosures (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits / Declaration(s) <input checked="" type="checkbox"/> Petition for Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 <input checked="" type="checkbox"/> Response to Missing Parts/Incomplete Application	<input type="checkbox"/> Assignment & Recordation Cover Sheet <input type="checkbox"/> Drawing(s) & Letter to Official Draftsman <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition <input type="checkbox"/> Petition to Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communications to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communications to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Return Receipt Postcard <input checked="" type="checkbox"/> Additional enclosure(s) (please identify below)
Form PTO-1533 is attached		
Remarks		

## CORRESPONDENCE ADDRESS

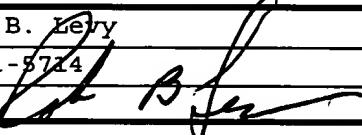
 Customer Number or Bar Code Label

(Insert Customer No. or Attach bar code label here)

or  Correspondence address below

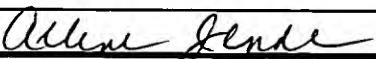
NAME	Samuel H. Dworetzky			
ADDRESS	AT&T CORP. P.O. Box 4110			
CITY	Middletown	STATE	New Jersey	ZIP CODE
COUNTRY	United States of America			

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

NAME	Robert B. Levy	Reg. #	28234
TELEPHONE	908-221-5744		
SIGNATURE		DATE	05-05-2000

## CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Assistant Commissioner for Patents, Washington, D.C. 20231 on this date: 05/05/2000

Type or Printed Name	Arlene Jende		
Signature		Date	05/05/2000

SEND TO: Assistant Commissioner for Patents, Washington, D.C. 20231

## FEE TRANSMITTAL

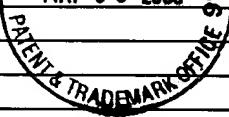
Patent Fees are subject to annual revision.

TOTAL AMOUNT  
OF PAYMENT

\$240

Complete if known	
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Examiner Name	
Group/Art Unit	2739
Attorney Docket No.	113523

MAY 08 2000



## METHOD OF PAYMENT (check one)

1. The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account Number 01-2745  
Deposit Account Name AT&T CORP.

Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17  Charge the Issue Fee Set in 37 CFR 1.18 at the Mailing Date of the Notice of Allowance

## FEE CALCULATION

## 1. FILING FEE

Large Fee Code	Entity Fee(\$)	Fee Description	Fee Paid
101	690	Utility(37CFR 1.53(b)) / CPA(37CFR 1.53(d)) Filing Fee	
106	310	Design Filing Fee	
108	690	Reissue Filing Fee	
114	150	Provisional Filing Fee	

SUBTOTAL (1) 0

2. CLAIMS  Filing Under 37CFR 1.53 (b)  
 CPA Under 37CFR 1.53 (d)  
 Amendment

Extra Claims	Fee from below	Fee Paid
- 20 =	0 x 18 =	0
- 3 =	0 x 78 =	0

## Multiple Dependent Claims

Large Fee Code	Entity Fee(\$)	Fee Description
103	18	Claims in excess of 20
102	78	Independent Claims in excess of 3
104	260	Multiple Dependent Claims
109	78	Reissue independent claims over original patent
110	18	Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) 0

## 3. ADDITIONAL FEES

Large Fee Code	Entity Fee(\$)	Fee Description	Fee Paid
105	130	Surcharge - late filing fee or oath	130
127	50	Surcharge - late provisional filing fee or cover sheet	
139	130	Non-English specification	
147	2520	For filing a request for reexamination	
112*	920	Requesting publication of SIR prior to Examiner action	
113*	1840	Requesting publication of SIR after Examiner action	
115	110	Extension for reply within first month	110
116	380	Extension for reply within second month	
117	870	Extension for reply within third month	
118	1360	Extension for reply within fourth month	
128	1850	Extension for reply within fifth month	
119	300	Notice of Appeal	
120	300	Filing a brief in support of an appeal	
121	260	Request for oral hearing	
138	1510	Petition to institute a public use proceeding	
140	110	Petition to revive – unavoidable	
141	1210	Petition to revive – unintentional	
142	1210	Utility issue fee (or reissue)	
143	430	Design issue fee	
122	130	Petitions to the Commissioner	
123	50	Petitions related to provisional applications	
126	240	Submission of Information Disclosure Statement	
581	40	Recording each patent assignment per property (times number of properties)	
146	690	Filing a submission after final rejection(37 CFR 1.129(a))	
149	690	For each additional invention to be examined (37 CFR 1.129(b))	
Other fee (specify)			
Other fee (specify)			
• Reduced by Basic Filing Fee Paid			
SUBTOTAL (3) 240			

## SUBMITTED BY

Typed or Printed Name

Robert B. Levy

Complete (if applicable)

Reg. Number 28234

Signature

Date

5/5/2000

Deposit Account User ID



**UNITED STATES DEPARTMENT OF COMMERCE**  
**Patent and Trademark Office**  
Address: COMMISSIONER OF PATENTS AND TRADEMARKS  
Washington, D.C. 20231

APPLICATION NUMBER	FILING/RECEIPT DATE	FIRST NAMED APPLICANT	ATTORNEY DOCKET NO/TITLE
09/4731953	10/29/99	AFFERTON	T 105-113523

S H DWORETSKY AT&T CORP  
PO BOX 4110  
MIDDLETOWN NJ 07748



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02/09/00

**NOTICE TO FILE MISSING PARTS OF APPLICATION**  
*Filing Date Granted*

An Application Number and Filing Date have been assigned to this application. The items indicated below, however, are missing. Applicant is given TWO MONTHS FROM THE DATE OF THIS NOTICE within which to file all required items and pay any fees required below to avoid abandonment. Extensions of time may be obtained by filing a petition accompanied by the extension fee under the provisions of 37 CFR 1:136(a). If any of items 1 or 3 through 5 are indicated as missing, the SURCHARGE set forth in 37 CFR 1.16(e) of  \$65.00 for a small entity in compliance with 37 CFR 1.27, or  \$130.00 for a non-small entity, must also be timely submitted in reply to this NOTICE to avoid abandonment.

If all required items on this form are filed within the period set above, the total amount owed by applicant as a small entity (statement filed)  non-small entity is \$ 120.

**small entity (statement filed)**  **non-small entity** is \$ 150.

1. The statutory basic filing fee is:  
 missing.  
 insufficient.

Applicant must submit \$ 150 to complete the basic filing fee and/or file a small entity statement claiming such status (37 CFR 1.27).

2. The following additional claims fees are due:

\$ \_\_\_\_\_ for \_\_\_\_\_ total claims over 20.

\$  for independent claims over 3.  
 \$  for multiple dependent claim surcharge.  
**Applicant must either submit the additional claim fees or cancel additional claims for which fees are due.**

3. The oath or declaration:  
 is missing or unsigned.  
 does not cover the newly submitted items.  
*An oath or declaration in compliance with 37 CFR 1.63, including residence information and identifying the application by the above Application Number and Filing Date is required.*

4. The signature(s) to the oath or declaration is/are by a person other than inventor or person qualified under 37 CFR 1.42, 1.43 or 1.47.  
*A properly signed oath or declaration in compliance with 37 CFR 1.63, identifying the application by the above Application Number and Filing Date, is required.*

5. The signature of the following joint inventor(s) is missing from the oath or declaration:

An oath or declaration in compliance with 37 CFR 1.63 listing the names of all inventors and signed by the omitted inventor(s), identifying this application by the above Application Number and Filing Date, is required.

6. A \$50.00 processing fee is required since your check was returned without payment (37 CFR 1.21(m)).

7. Your filing receipt was mailed in error because your check was returned without payment.

8. The application was filed in a language other than English.

*Applicant must file a verified English translation of the application, the \$130.00 set forth in 37 CFR 1.17(k), unless previously submitted, and a statement that the translation is accurate (37 CFR 1.52(d)).*

Direct the reply and any questions about this notice to "Attention: Box Missing Parts."

*A copy of this notice MUST be returned with the reply.*

Customer Service Center  
Initial Patent Examination Division (703) 308-1202

FORM PTO-1533 (REV. 9/98)

unless  
09473953  
012745  
00000106  
130.00 CH  
115C:105  
115C:100  
U.S. GOVERNMENT PRINTING OFFICE: 1990 5875